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0010PTD Rev. 6/95		U.S. Department of Commerce Patent and Trademark Office	
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket Number	250591.90279
		First Named Inventor	Carlos De La Hueraga
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	Herewith
		Group Art Unit	
		Examiner Name	

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

☒ Declaration Submitted with Initial Filing

OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number	250591.90279
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First Named Inventor	Carlos De La Huerga
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COMPLETE IF KNOWN

Application Number

Filing Date	Herewith
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Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTERACTIVE MEDICATION CONTAINER

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

[illegible]

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental privity sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/185,132		11-03-98 12-22-98	5,852,590

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm Name OR	Quarles & Brady LLP	Customer Number or label Number
<input type="checkbox"/>	List attorney(s) and/or agent(s) name and registration number below	


Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number or label	OR <input type="checkbox"/> Fill in correspondence
--	--

Name	Michael A. Jaskolski		
Address	Quarles & Brady, LLP		
Address	411 East Wisconsin Avenue		
City	Milwaukee	State	WI
Zip	53202		
Country	USA	Telephone	414.277.5711
Fax	414.271.3552		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor	
Given Name	Carlos	Middle Initial	
Family Name	De La Hueraga	Suffix e.g. Jr.	
Inventor's Signature			Date
Residence:	Milwaukee	State	WI
Country	USA	Citizenship	US
Post Office	9190 North Upper River Road		
Post Office			
City	Milwaukee	State	WI
Zip	53217	Country	USA
Applicant Authority			

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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